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AS a rule, the student does not recognize the importance of lengthening the time that he must spend in the college, to attain the knowledge which will entitle him to a diploma, and to go out and earn his way by fighting disease and bad debts. But we feel assured that the practicing M.D. who has spent a full term of three years in hard, conscientious work, must recognize that there is much that should be his, between the covers of his text-book, and feel humiliated by the shadow thrown on the honor of the profession by the errors of a neighboring doctor who has spent probably as long a time as two years in some "College" in that indefinite region, the West. Several cases come to mind as we think over it, of men who have attended, probably, the first year's course at this college, and who were never known to do such a thing as answer at a class "quiz." The second year rolls around, and in recalling the faces, this particular man is not found among them, and some-

body says: "Oh, he found it too much for him and has dropped out of the race." All think this a most reasonable excuse for his absence and the matter drops from their minds. In the spring of the second year, when the graduating class of that year are studying for all they are worth, cramming term after term, symptom after symptom into their heads; and the middle class, after two year's study, are quizzing each other on anatomy, and wondering how many more times they are going to be plucked in physiology, in walks our old friend of the first year. "Hello! Z——," we call out. "How do you do, sir," he says, in freezing tones; we feel around for ourselves. Yes, we are all here; there was nothing in our salutation to offend, so we try again. "When did you get back, Z——? Going to stay with us?" This time we get no reply, except that he puffs a mouthful of cigarsmoke at us, as he turns his back to talk to some one else.

Then some one whispers, "He has graduated, is an M.D." "Where from?" "Oh, some Western college." We now look at him with awe, and during the next lecture fail to take any notes, so completely does he fill our thoughts for the time.

But at night, when we have left the lecture rooms and gone to our quarters, we think the matter over; disgust fills us, as we talk it over by the way.

"Think of it, A——, we have to study a full year yet before we can compete with him!"

"Yes," says A——, "but we will be better prepared than he is."

"Very true; but the public do n't know it."

"But they will find it out."

"Yes, but should they find such things out? Should there be such things for them to find out?"

"Probably it is the Western air," remarks A——. "I have heard people say it has a great

influence on the brain. You work harder in the West, do more. Perhaps Z——'s brain developed out there, and he is a much more brilliant man than we took him for."

"See here, A——, if his brain develops in the West, it certainly returns to its old dimensions as he comes East." A—— says no more. The fact is evident that Z—— is too much of a pill for us to swallow.

That such things exist, is too evident a fact to be questioned. We are pleased that the three years' course has been made compulsory here, and trust this rule will be followed by other colleges. They might follow the rule of the Preliminary Examination to their very great advantage, too.

Diphtheria.

LITERALLY, *Quick Skin*: Synonyms, *Morbub Suffocans*, *Angina Maligna*, *Ulcere Gangræneux*, *Synanche*.

Aretæus, of Cappadocia, gives the first good description of this disease under the name of "Syriac Ulcer." Most of the ancient writers upon medicine give more or less accurate accounts of it, but it is impossible to find a reliable description of the disease during the Middle Ages. Ballorius, of Paris, in 1576, was the first to speak of the false membrane.

The first reference to this affection in America is found, probably, in Harv. Grad., Vol. I., p. 94, when a number of children are said to have died from "bladders on the windpipe" in 1659. The modern history of Diphtheria begins with Bretonneau's first paper, in 1821. He asserted the identity of Angina Maligna (diphtheria) with Membranous Laryngitis (croup). He spoke of the continuity of the false membrane of the nose, larynx and respiratory tract; of its identity with some morbid process of the skin; asserted that Diphtheria was a specific disease, and not to be confounded with catarrhal or scarletinal inflammation. His completed monograph appeared in 1828.

Etiology. Diphtheria is pre-eminently a disease of early life, the proportionate number of cases

diminishing rapidly as age increases. Sex exerts no special influence, neither does social condition. The predisposition in early life is explained by the softer condition of the mucous membrane of the mouth and pharynx, and by the narrowness of the pharynx, the protuberant condition of the tonsils, the large number and size of the lymphatics, and the great communicability between them and the system at large. It occurs sporadically as well as epidemically, and may, in certain localities specially favorable to it, become an endemic disease. It develops spontaneously, its origin being a miasm, and is induced by contact with objects and persons infected with diphtheria. Diphtheria is, therefore, to be considered a *Miasmatic Contagious disease*.

A spontaneous outbreak may occur in localities where it has already appeared epidemically. Living in damp dwellings, or in rooms below the level of the surface of the earth, and in dwellings where the sewage is defective, is a predisposing cause. Though it is not probable that the contagion could be developed from any sewer unless it had been previously infected with the poison, still, this last factor is a very potent one in the spread and development of the disease, especially in large cities. The contagiousness is a well-established fact, being proved beyond question, both by experiment and observation. Those who have once had the disease remain more susceptible afterwards, and those who are subject to catarrhal inflammation of the throat or enlargement of the tonsils are more liable than others to take the disease. The severity of one case does not enable us beforehand to judge of the severity of the disease in one infected from the same case.

As to the relation of certain vegetable organisms to diphtheria, there can be no doubt that they are inseparable from diphtheritic process, just as the bacteria of decomposition are necessarily connected with the process of decay, and act as a ferment. Eberth states: "Without micrococci there can be no diphtheria." We find them in the very smallest and most superficial plaques, in the immense collections in the tissues, and in the embolism as the cause of metastatic abscess; and the intensity of the

toxic infection increases with the number of these organisms.

Symptoms in General. The symptoms vary from those of the slightest sore throat to the most malignant disease. These may be divided into three classes: I. Typical; II. Catarrhal or mild; III. Malignant. According to their severity.

Typical.—After a general feeling of "malaise," lasting from two to five days, the attack commences with a definite constitutional disturbance.

The first stage presents a rapid rise of temperature— 103° to 105° —a feeling of chilliness, anorexia, nausea and occasionally vomiting and diarrhoea. The throat becomes dry and hot with pain on deglutition, the neck is swollen, stiff and tender. The tonsils, pillars of the fauces, uvula, and back of the pharynx are red, swollen and turgid. Children are apt to sleep more in the daytime than is natural and are restless at night.

At the *second stage* we have the appearance of the false membrane. A viscid yellowish secretion is found forming in one of the depressions in one or both tonsils, then certain parts of the superficial mucous membrane become infiltrated; these points being elevated above the general surface, extend and coalesce, covering a considerable surface of the pharynx and fauces with a pseudo-membrane. The neck is swollen from the enlargement of the glands, which are frequently hard and sensitive. The fever is generally decreased with the appearance of the membrane, but may not be affected. Swallowing is difficult and the breath is fetid from the decomposition of the morbid secretions. The pulse is weak and compressible and the first sound of the heart is weakened. Albuminuria is a frequent symptom in the earlier stages, the urine being scanty and high colored. Hyaline casts are not uncommon, but the occurrence of granular or epithelial casts is not constant.

The membrane may invade the larynx and trachea, this usually occurring from three to four days after the invasion; making itself known by the hoarse muffled voice, stridulous breathing, dry cough, and later, dyspnoea,

increasing cyanosis, swelling of the face and drowsiness, passing into coma.

The nasal passages may become involved, primarily or by extension. This is indicated by the discharge from the nose of a fetid, dark colored, watery fluid and formation of membrane. There may be fatal epistaxis, blocking of the lachrymal duct, or the disease may extend to the eye, or through eustachian tube to the ear.

If the larynx be not attacked we have the *third stage*, and the disease slowly disappears or death ensues. If recovery is to be the result, we have a marked improvement in all the symptoms at the end of the first or beginning of the second week.

The temperature becomes normal, the pulse regains strength and regularity, congestion of the fauces diminishes, the membrane ceases to extend, and portions become detached. The patient feels *well*; but the danger is not passed; in fact, many believe this to be the period of the greatest danger, certainly of greatest anxiety, for a relapse may occur which may be more severe than the initial attack, or, what is most to be dreaded, the liability to syncope from failure of heart's action. If the termination is to be unfavorable, death may occur from secondary blood poisoning or more frequently from cardiac embolism or syncope.

Mild Form.—In such a case the symptoms are often so slight that the diagnosis is rendered doubtful; they are those of an ordinary catarrhal sore throat. The symptoms improve on the third or fourth day, and often the presence of *persistent and general weakness* is the only definite symptom of diphtheria.

Malignant Form.—Here we have at once rigors, headache, vomiting and not infrequently epistaxis. The throat symptoms are not very severe, but the decomposition of secretions and resulting fetor is very great. Temperature is not necessarily very high, pulse small, rapid and wavy. Patient becomes drowsy, skin cold and clammy, face pale, tongue brown, dry and tremulous, mucous surfaces bleed easily and petechiae under the surface of the skin are often present. All the typical symptoms crowd on, and the patient dies comatose or in syncope.

Sequelæ. Paralysis.—After every diphtheritic affection, partial or complete muscular paralysis may occur, not only in the muscles, the mucous membrane of which has been covered with the exudation, but also in other portions of the muscular system. The muscle is seldom suddenly paralyzed, but the paralysis is developed gradually and slowly, rarely being discovered immediately after the termination of the local affection. As a rule, it appears after the second or third week from complete healing of the lesion of the mouth or nose. According to Rogers, secondary paralysis may appear from the thirtieth to fortieth day after this date.

Paralysis of the muscles of the soft palate and pharynx is the most common, the soft palate and uvula hanging down loosely. When the paralysis is of one side only, the uvula is drawn to the healthy side, and in such cases functional disturbances appear in articulation, deglutition and in part in expectoration. Speech is nasal, thin, like that of individuals with defective palates. Single letters cannot be pronounced distinctly, difficulty is experienced in swallowing solids, and fluids regurgitate through the nose. The patient complains of a feeling of numbness and furriness of the affected part.

There may be disturbances of vision, shown by difficulty in reading small print, seeing small objects. Objects must be held farther away than before, owing to paralysis of the muscles of accommodation. Diplopia or strabismus may accompany it. The ears may be affected, ringing or humming sounds being constantly heard, hardness of hearing or deafness may follow.

Paralysis of the extremities may occur though not so frequent as those mentioned above. The fingers feel as if every object they touched was covered with velvet, or may not be able to distinguish small objects in his hand at all. Has to exercise extreme care in walking, as it felt as if his foot sank into a soft, velvety carpet every step he took. Has to watch the placing of his feet at every step, as he has no confidence in his ability to walk. Paralysis of the muscles of the neck may occur and difficulty be experienced in holding the head erect. Is much annoyed by parts going to sleep.

The severity of the sequelæ does not bear any fixed relation to the severity of the disease. Jacobi, however, states that the milder cases seem to be the oftenest followed by the more severe paralyses.

These neuroses usually recover in diphtheria. They may last from six weeks to six months, are rarely fatal unless involving the muscles of respiration.

Prognosis. Depends on the extent of the exudative formation and on complications. If membrane covers a large amount of surface, and especially if it involves the nose, the prognosis would be unfavorable. Albuminuria or hemorrhage would be unfavorable signs. Complicating bronchitis, or pneumonia, usually reach a fatal termination. Extension of membrane to other parts is a bad sign. In an epidemic the disease usually decreases in virulence as it reaches a termination of the epidemic. Always be guarded in the prognosis, as death may result when all danger is seemingly past.

Adjuvant treatment.—This is important in conjunction with the properly indicated remedy.

Alcohol, by the spray, acts as a local stimulant and local antiseptic, but as an antiseptic Chlorine water is much better and is Homœopathic to the disease. Dilute one part to four of water, and apply by the spray, it is an excellent remedy. Means for the removal of the membrane are worse than useless, and should be avoided, as the membrane always returns worse than before. Iodine or Bromine by the steam atomizer are strongly recommended by many, and are doubtless good.

The diet is very important—peptonized beef, pancreatinized milk, eggs, and all fluid foods that are easily digested and nutritious, should be given—and it may become necessary to administer all food per rectum.

Hygienic measures, such as will insure good ventilation, *prompt destruction* of all discharges and insure cleanliness, should be adopted.

Cleanliness is extremely important.

The attendant should be one who is agreeable to the child and no others should be admitted, as strict quarantine must be enforced. Avoid

making unnecessary examinations, as they only irritate, and be careful to disinfect instruments after each examination.

Kissing and fondling the child by other members of the family must be strictly prohibited.

REMEDIES.

Apis mel.—Prostration from the beginning; not much fever; in fact, there is a suspicious absence of heat; stinging pain, blisters on the border of the tongue, drowsy, thirstless. The throat has a varnished appearance as though throat and tonsils had a coat of glossy red varnish. Thick "washleather" membrane, usually forms on right tonsil first. Sensation of fullness in the throat, making swallowing difficult; swollen, puffy fauces. *Uvula, rima glottitis* and whole throat swollen and oedematous. May have a rash resembling scarlatina; urine scanty or suppressed.

Arsenicum.—In severe cases when the throat is very much swollen, both internally and externally, where the membrane has a dark hue and is very fetid. Thin excoriating discharge from the nose. Throat oedematous as under *apis*. Restless, especially after midnight. Constipation, or offensive watery diarrhoea; urine scanty. If marked enlargement of lymphatic glands, *Ars. Iod.*

Ailanthus.—In scarletinal diphtheria, excoriating discharges, making nose and lips sore. Throat livid and swollen, deep, angry looking ulcers. Patient drowsy and lies in a stupor. Rash dark red or bluish, hemorrhagic rash.

Arum Triph.—Excoriating discharge from nose and mouth, making nose and upper lip raw and sore. Saliva acrid and excoriating. Dry cough which hurts the child so much that it cringes and involuntarily puts hand to throat whenever it coughs. Restless, tossing about, and sleepless at night.

Baptisia.—Prostration, lying in a half stupid condition almost like one intoxicated. Face has a dark red and besotted look, and the discharges from the mouth and nose are horribly offensive; so much so that one might suppose gangrene of the mouth had taken place. Can swallow liquids, but not solids.

Belladonna.—In the early stages may be called for, but is not a prominent remedy in diphtheria (Farrington). Is used as a prophylactic.

Cantharis.—Severe burning or raw feeling in the throat, great constriction of the throat and larynx amounting almost to suffocation *on any attempt to swallow water*. Very successful when throat symptoms and dysuria are present.

Crotalis.—Persistent epistaxis; blood oozes from the mouth, not merely from the posterior nares, but escaping from the mucous membrane of the nasal cavity.

Capsicum.—Burning blisters on the roof of the mouth and an odor like carrion. Throat feels constricted as if spasmodically closed; worse when not swallowing.

Lachesis.—Drowsy, feverish; though the heart is beating more rapidly than usual, is evidently greatly weakened as shown by the feeble pulse and cool extremities. Prostration much greater than the amount of membrane would seem to warrant. Constitutional symptoms predominate over local—membrane forms first on the left side, giving a constant feeling of a lump on that side, which descends with each act of deglutition but comes back. Sensation of needles in throat on waking, creating suffocation. Fauces of a dark purplish color. Throat sensitive to touch externally. Aggravation after sleep.

Lycopodium.—Excoriating discharge from the nose. Dull throbbing headache at the root of nose or over eyes. Nose so stuffed up that the child cannot breathe through it. Membrane travels from right to left. Aggravation, *from sleep, even from a short nap*, child wakes up cross and strikes and kicks at everyone near. Urine scanty, showing *red sandy deposit*. One foot hot, other cold.

Merc. biniodid.—Membrane on left side, yellowish gray in color, cervical glands swollen. Accumulation of sticky, slimy mucus in mouth and throat. Aggravation from empty swallowing. Attempting to swallow saliva excites more pain than swallowing food.

Merc. Prot.—Deposit begins on right side, swelling of glands of neck, tenacious mucus in

throat. Almost always a thick, yellow, dirty coating on base and posterior part of tongue, the tip and sides being red.

Merc. Cyan.—One of the best remedies in the adynamic or malignant types. Much prostration from beginning; pulse quick, 130 to 140, but no volume. Membrane at first white, covering palate and tonsils, becoming dark, even threatening to become gangrenous. Extreme weakness, loss of appetite, fetid breath, glands swell, tongue coated brown, and nose-bleed sets in; this being a dangerous symptom. Expectoration thick and ropy.

Merc. Corr. Uvula swollen, elongated and a very dark red. Intense burning in the throat rendered intolerable by any external pressure. Any attempt to swallow causes violent spasm of the throat, ejecting food from it. Pulse quick, weak and irregular.

Mur. Acid. Intense prostration; has scarcely life enough to move; worse about ten or eleven o'clock in the morning. Mouth studded with deep ulcers having a dark base. Involuntary stool and urine.

Nitric Acid. Nasal diphtheria. Excoriating discharge from the nose making lips and nostrils sore. Mouth studded with ulcers, principally on the inside of the cheeks, lips and borders of the tongue. Saliva watery and acid. Pulse intermits every third or fifth beat. Great prostration, membrane white in color in throat and nose, distress and uneasiness referred to the stomach with total rejection of all food. Sensation of splinter sticking throat; sticking pains.

Naja. When the larynx is invaded, patient grasps at the throat with a sensation of choking; fauces dark red; fetid breath, short hoarse cough with raw feeling in larynx and upper part of trachea.

Phytolacca.—In the beginning of the disease when we find chills and backache; patient feels faint and dizzy when he sits up in bed. Throat dark red, almost purple; great burning in the throat with aggravation from hot drinks.

Rhus tox. Membrane dark in color. Bloody saliva runs out of the mouth during sleep. Red triangle on tip of tongue. Transparent jelly-

like discharge from bowels at stool or afterwards. Associated with inflammation of the glands about the neck, of a dark erysipelatous hue.

Sulph. Acid.—Child is so pale that it looks like a corpse. Inclined to drowsiness, can hardly breathe or talk from the membrane. Child smells sour despite most careful washin

Surgery.

Pulsating Tumor of the Dura Mater.

OPERATION AT HELMUTH HOUSE.

THIS interesting case presented the following symptoms, which, though already recorded, are inserted here, in order to render the report of the case complete, especially as there had been various opinions rendered regarding diagnosis.

H. W. Banfill, aged 50; occupation, forgerman. About fourteen years ago he received a blow from a piece of iron upon the top of his head, near the junction of the coronal and sagittal sutures. The effects of this blow continued for about a year, but from that time to May, 1887, he had no symptoms indicating any further trouble. A small fluctuating growth then appeared at or near the site of the injury, being movable, but causing no pain. This tumor continued to increase in size, and by the middle of September, 1887, was as large as a hen's egg. The patient consulted Dr. Hoag, of Bridgeport, Conn., not on account of pain or any symptom indicating pressure, but because he was continually knocking the tumor against something during his work, and the growth was steadily increasing. Thinking it advisable to remove the growth, an incision was made into the scalp, and upon examination it was found, to the utter surprise of the operator, that there was an opening through the bony plate of the skull into the brain, and that the tumor was attached by a

pedicle to the dura mater. (Vide, Chir. I. Vol. IV.)

OPERATION.

The operation was performed on the afternoon of December 16, 1887, in the presence of a number of prominent doctors, among whom were Drs. Wetmore, Dowling, Doughty, Thompson, Baldwin, Ball, Leal, Cornell, Berghaus, H. M. Smith, King and Hawley, of this city, Hoag and Cole, of Bridgeport, Conn., and Blackburn, of Shreveport, La. Dr. Helmuth was ably assisted by Drs. Wilcox, Helmuth, Jr., and Knight, the House Surgeon. The patient entered the hospital about a week before the operation, and was daily under the personal observation of Dr. Helmuth. The tumor, though it had slightly diminished in size under the application of iodine, collodion, and persulphate of iron, was still large and the surrounding parts were swollen and much inflamed. All the blood-vessels leading to and from the tumor were dilated and the temporal arteries very tortuous and prominent, and a distinct pulsation noticed in the tumor.

A hypodermic injection of a one-quarter grain of morphia was given the patient, to decrease the cerebral blood supply, and chloroform was the anæsthetic used, as it has but little cerebral excitement. While Dr. Knight was administering the anæsthetic, Dr. Hoag gave the doctors present an account of the growth and development of the tumor, up to the time when Dr. Helmuth first saw the patient at the students' clinic. Before commencing the operation, Dr. Helmuth remarked, "that the history of injuries and continued irritation of the tumor received from knocking his head against a forge hammer, while at work, would lead one to suppose the growth to be a sarcoma, and the absorption of bone, to a tumor of the dura mater: that the position of the tumor was very dangerous, being directly over the superior longitudinal sinus, and therefore these operations were attended with great risk from hemorrhage."

Dr. Helmuth also stated, "that there are recorded by Billroth two cases of operations about the superior longitudinal sinus which resulted fatally."

He then proceeded to perform the operation of starving the tumor, shutting off its blood supply by a ligature. Allis' hæmostatic forceps were applied to the temporal arteries, to render the operation as bloodless as possible. First, several incisions, about an inch long, were made, at different points, from the base of the tumor into the scalp, followed by profuse hemorrhages, and the flaps were dissected away. A large piece of buckskin (antiseptic) was wrapped around the tumor and placed over the surrounding parts, and two acu-pressure pins (Simpson's) were passed at right angles through the buckskin and base of the tumor.

An elastic ligature was then applied to the tumor, being wound around the buckskin beneath the pins, and the ends fastened with black thread.

The purpose of the buckskin was to prevent the ligature cutting immediately through the substance of the tumor.

The tumor had not been ligated very long before the upper part became cold, and pieces were easily cut and torn off from it, to be examined by different microscopists, thereby revealing its centre, which was a soft spongy mass containing large cavities and veins.

The incisions were sewed up, iodoform sprinkled on the tumor, and dressings of paper shavings and bandages were applied.

The operation was very bloody, and sponges were in great demand; nevertheless, great care was taken to prevent the blood entering into the cavity through the skull, though it required a long time to stop the hemorrhages.

The great interest in this case centres in its being one of uncommon occurrence, the growth of the tumor through the skull from pressure, without the slightest subjective symptom; the pulsation of the tumor and a resemblance to an encephalocele in external appearance, having the history of a fungoid growth.

I desire to state that after operations at the Helmuth House, a new feature, in the shape of a good cup of coffee and a sandwich, is provided for the comfort of those present, which renders the operation especially enjoyable to the overwrought student.

The Healing Art.

AS I looked at photographs of the mummy Rameses, and remembered that it was that of a King before Pharaoh, the question arose in my mind as to the antiquity of the healing art, since it seemed to me necessary that the ancient Egyptian embalmer was guided in his manipulations on this dead body by some idea of the internal organs that involved more than a passing acquaintance.

Dr. Grant Bey, in a recent article in the *New York Medical Record*, says that the direction of this art was entirely under the control of the priests, who were learned men, with a knowledge of medicine and its accessories. Dr. Grant also says, that Mantheo, the Egyptian priest and historian, during the reign of Ptolemy, stated that it was in medicine that ancient Egypt attained any real scientific eminence, and that King Teta, the second king of the first dynasty, wrote more than one treatise on Anatomy and surgery, and performed operations on the human body with flint flakes—this was over 4,000 years before Christ. So, briefly, we find that the art of healing almost takes us back to what we know as the beginning of time. When we contemplate the ages upon ages that have passed, and clear away the mist of time, we are surprised that for so many years the healing art made but little progress; it is true that we find that the Ancients struggled for and possessed a certain empirical knowledge of medical facts, derived chiefly from an acquaintance with chemical and manufacturing art, and the knowledge of the action of certain herbs. Yet the power of connecting or systematizing these facts was altogether wanting.

The idea of experimental investigation was scarcely understood, and those among the medical physicians who desired to promote a knowledge of nature attempted to do so rather by pursuing the treacherous paths of speculation than the safe though tedious route of observation and experiment.

It was thus that the belief in the fundamental principle of alchemy became firmly established.

A satisfactory explanation of the belief in the power of the philosopher's stone to heal disease and to act as the elixir vitæ, the grand panacea for human ills, is difficult to find. It may possibly have at first arisen from a too literal interpretation of the Oriental imagery found in the early Arabian writers, where, although the peculiar doctrine of elixir of life is unknown, we find such passages as the following: If thou carriest out my prescription with due care, thou shalt heal the bad disease of poverty. The Arabians called the base metals "diseased." Thus Geber says: "Bring me the six lepers so that I may heal them," *i. e.*, transmute the other six known metals into gold. The belief in the philosopher's stone was also much strengthened by the discovery about this time of many substances which produced remarkable effects on the human frame, and of these the alchemists of the thirteenth century write in the most fantastic and exalted terms.

The man who effected the inestimable union between chemistry and medicine was Paracelsus; like his predecessors, he assumed the existence of the three components of all inorganic substances, but he was the first who included animal and vegetable bodies in the same classification, and he held that the health of the organism depends on the continuance of the true proportions between these ingredients, whilst disease is due to a disturbance of this proper relation.

With the exception of the attempts of the alchemists and of the chemical doctors to discover some agent or drug which might increase or strengthen the principle of life, the practice of medicine remained within the same limits until physiology (the knowledge of the laws of life) began to be studied. Medicine then began to acquire something of the nature of an *art*. Still retaining its empirical foundation drawn from observation, it has now commenced to apply the physiological discoveries to the improvement of health, and to test the value of its own rules by this new light. It is now gradually becoming an art, based on the science of Chemistry, Physiology and Pathology, with whose progress its future is identified.

In the scheme of Providence it may not be meant that man shall be healthy. Disease of mind and of body may be the cross he has to bear; or it may be the evil against which he has to struggle, and whose shackles he is finally to unloose. We are reminded of the holy text which reads, that death came into this world by sin. I think the followers of the healing art are sufficiently well acquainted with death, but I also think the advancement of the art gives us a clew to the definition of sin as related to disease. I think that the sin consists in the fact that all living things consume each other for a living, when they can, and that the fundamental cause of infectious disease is that all living things were created with an appetite for each other. There is practically no difference, we observe, between the natural conflict of wolves and sheep and the tubercle bacilli with the cells of certain tissues of the body which cannot resist them. The object of the warfare is the same in each case, the method is different, but the results are the same.

John Tyndall has said, that these low organisms we must regard as the beginning of life; but we are warned that the microscope, precious and perfect as it is, has no power to show us the real beginning of life.

These noxious atmospheric germs are by no means purely useless or purely mischievous in the economy of nature. They are only noxious when out of their place. They exercise a useful and valuable function as the burners and consumers of dead matter, animal and vegetable, reducing such matter with a rapidity not otherwise possible to innocent carbonic acid and water.

But we should remember that the germs themselves are only one factor of the disease. There is to be taken into the account also the number of the germs, *i. e.*, the size of the dose and the condition of predisposition of the individual.

A striking analogy between a ferment and a contagion is found in the respective power of indefinite self-multiplication. The exquisitely truthful New Testament figure, "A particle hid

in three measures of meal, leavens it all, and a little leaven leaveneth the whole lump." A microscopic particle of small-pox virus, a germ of contagion absorbed, multiplies, usurping the human body, often spreads so as to strike down individuals and large populations.

It is sown as leaven is sown, it germinates and multiplies as leaven does, and it always reproduces itself. Chemistry has shown that it is a truth of singular interest that the transmutation of one kind of contagion to another kind, or of one ferment to another, is an impossibility. Pathology shows us that the Creator allows the innumerable array of disease to assail and seize upon this delicate corporeal frame, threatening it with disease, destruction and death, well demonstrating that the animal part of our organism is incapable, in most cases, of victoriously routing the enemy.

Medicine or Therapeutics all through the centuries of the past is but the echo of the Egyptian priesthood, re-echoed by Galen, and again re-echoed all through the middle ages, and right on to the eighteenth century, when Haller led physicians back to the study of Nature—Physiology—as the only true basis of the healing art. Yet, notwithstanding the age, effort and sacrificial work, we must acknowledge the great imperfection of medicine, and admit that it is a continued series of successive and progressive procedure, experience, observation, improvement, investigation and correction, and to-day it is to a great extent a mere collection of facts and fancies that vary from year to year, where, had some law governed the practice of the past, all truth in that practice would have remained as the inheritance of the art, and available for those who follow.

The usefulness of one occupation and the intelligence and culture which it demands, should, one would think, command and demand the highest consideration at the hands of the public. The art of healing cares for all man holds most dear—*his life*; the amount of study and research is not equaled by any other pursuit or profession, hence we have a right to expect in return more than we receive. Should we not have the fullest evidence of appreciation

and confidence? In the time of Solomon the public were commanded by him: "Honor the physician with the honor due unto him, for the uses which you may have of him, for the Lord hath created him. For of the Most High cometh healing and he shall receive honor of the King."

Does the art of healing hold such a place in public estimation to-day? Is its place commensurate with the interest it represents? With all it contains of faithful and laborious research, with all the devotion, self-sacrifice and self-abnegation that have hallowed its progress, with all the brilliant discoveries that have enriched its science, with all the incalculable benefits with which it has blessed mankind, it is to-day unable to make its voice heard with authority above the clamor of ignorance, superstition and charlatanism. Says A. H. Smith, in a recent address before the New York Academy, "So far is the healing art from being the end of the law in things medical, that the public, even the most intelligent of them, are still ready to lend a willing ear to every newism or advertising absurdity that may arise, and that while millions upon millions have been given to found Universities and Colleges and libraries, and art galleries, and observatories and conservatories, until within the last decade there has been given for medical schools by those outside the profession scarcely a dollar. It is safe to say that more has been given to increase our knowledge of the stars, millions of miles away from us, which cannot influence us or we them, than to increase our knowledge of disease, which takes its seat at our fireside, while on the one hand it desolates our homes, or on the other by science it may be baffled or expelled." Why this failure of the healing art to take its proper position in these later days, when in Solomon's day it was said that "the skill of the physician shall lift up his head, and in the sight of great men he shall be in admiration." No one in his senses would ever place any other object before it. In comparison with it, considerations of *wealth, fame, power, influence*, all sink into insignificance. Surely, then, if we who are charged with such grave interests reach out into all the avenues of life and lay hold of everything that

directly or indirectly influences their interests, it would stand before all other secular callings and command that respect, attention and cooperation that we desire. Probably another of this both real and apparent neglect is our claim that the healing art is a science, when any tyro knows of its uncertainty, and that it has only been within the last few years that any claim can be urged as to its exactitude, and that only in our own school where we can and do apply our law of cure. The true physician should, like Lord Bacon, aim at the acquisition of all knowledge, and where knowledge comes wisdom should not linger. He must not degenerate into eclecticism, which is a mere collection, without law, and without any true basis on which to develop. The recollection of a multitude of individual cures can be of but uncertain use till codified by laws thenceforth to help the creation of science in place of perishing with the man and his use of them. Let us rejoice to enlarge the boundaries of knowledge. True science cannot ignore any law, though its sphere of action be limited and not of universal application. Are we shutting our eyes to the truth and doing our utmost to obscure the foundation and development of law in therapeutics?

Let us be priests, as were the ancient Egyptian physicians, demanding that recognition our high calling demands. Let us be priests of the one catholic church of medicine, though the prevailing majority would fain deny our orders and invalidate our sacraments. We claim our inheritance in all the past of medicine and our share in all its present. We assert and use our liberty to avail ourselves of every resource which the wit and skill of man has devised for the averting of death and the relief of suffering. We know no obligation superior to the paramount one of doing our best for our clients.

"Then shall the physician be honored with the honor due unto him, and in the sight of great men he shall be in admiration." F. A. M.

WHITE, '89, has been elected by the Senior class to give the "send off" at the Hahnemannian commencement. The other candidates were Tuttle and Morrison.

Incineration.

SANITARY science in these latter days has been teaching us some very palpable truths concerning our usual mode of disposing of the dead.

It has taught us that the process of decomposition is simply one of oxidation, and that as carried on in the grave, retarded by surrounding and superincumbent earth, it is well described by the technical term invented by Professor Liebig and adopted by chemists and physicians generally for its designation: "A solitary or desolate burning."

Thus, science has discovered to us the fact that in our bodily material we all must burn; in this we have no voice or election, and no device of man can finally avert this destiny. We may choose as to whether it will be a process of an hour, in a clean rosy glow of a Crematorium, or a process of twenty, fifty or a hundred years, in the gloom of the grave; for in every case these material bodies must burn.

The process advocated by the inventors and patentees of metallic and other hermetically sealed burial-cases may fill the land with slowly putrefying bodies, but these are only inventions for retarding Nature's work and for robbing Nature for a time of these pent-up forces.

Ultimately cases and bodies alike must yield to the process of oxidation, and Nature's process of oxidation and Nature's perfect work, attain completion, and whatever the process and however retarded, it will be "ashes to ashes."

The products of a decomposing human body, chemists tell us, are, besides water and non-volatile minerals, carbonic acid, carburetted and sulphuretted hydrogen, ammonia, nitrous and nitric acids and other offensive organic vapors, and been found that each decomposing human body generates annually about fifty feet of carbonic acid gas. The atmosphere of thickly-populated cemeteries contains ordinarily more than double the normal proportion of carbonic acid gas besides other deadly exhalations, while in times of calm and in the spring of the year, when the opening earth releases the gases which have been imprisoned during the winter, the

proportion of these deadly poisons are much greater, and the multitudes which follow their beloved ones to the grave, and linger in and about our beautiful cemeteries every day, especially Sundays, here in the cities of New York and Brooklyn, sow the seed for almost every form of zymotic disease, for the atmosphere of every burial ground is freighted with the germs of disease. And those whose systems become charged with them, if not at once stricken down, suffer serious loss of tone and impaired vitality. As examples of this I can name places in this city of New York where old burial grounds were turned into public parks; for instance, that of Washington Square, in 1806, at that time the old "Potter's Field." Sanitary science had not at that early period discovered that the soil was saturated with the emanations of the decomposing dead, would continue to exhale for generations following, and it was found impossible almost to raise children in ground floors of that vicinity, and now children are turned into this ancient Potter's Field in search of health. Incineration, as a method of disposing of the dead, carries with it a dread and fear that will take years to overcome, but which will eventually become the adopted mode. If people could see and know exactly how it is done, I think they would lose half of their objections, as I did last summer. Having an opportunity to visit the Crematory at Mount Olivet, Long Island, I found a large building situated on a high hill and containing one large room. In one end are placed the furnaces, and over these are two ovens about twenty feet long, four feet wide and three feet high. From each oven—which is heated to 2,150° Fahr. before the body is placed in—there are two tubes leading to the roof where they are met by other tubes containing steam, and as the gas from the ovens passes out of the tubes it is met by the steam, and every vestige of life (if there could be any) is destroyed before being let loose in the air. The fire is started some twelve hours before the oven is used—it takes about 1,700 pounds of coal to heat it for one body, which takes some two or three hours to be reduced to ashes, and when removed measures about three quarts.

The burial clothes are left on the body, and a cloth, saturated with alum water, is wrapt around it to prevent the clothing from igniting when first put in. After incineration has taken place the oven is left to cool, and then the ashes are taken out. In this same room, in front of the oven, are placed rows of seats where the process may be witnessed by friends, or services may be held.

There have been those who have thought the practice of cremation incompatible with a belief in the resurrection, and have looked upon cremationists as Infidels and Atheists. Of these, the most conspicuous spokesman is the Rev. Dr. Wordsworth, Lord Bishop of Lincoln, who, standing at the altar of Westminster Abbey, July 15, 1874, in the midst of a vast congregation, gathered from all parts of the United Kingdom, anathemized cremation, and, with many of the most illustrious dead of the Christian world entombed about him, denounced the practice of incineration as "barbarous" and unnatural, and said, one of its very first fruits would be the undermining of the faith of mankind in the doctrine of the resurrection of the body, adding that the extinction of faith would bring about a most disastrous revolution, confirming and increasing the widespread licentiousness and immorality which prevail in all capitals of the world. True, this is an appalling picture to contemplate. But is this mold of the grave-yard anything but human ashes, the product of combustion, just as truly ashes as if they were taken from the cinerary urn? And surely the faith of mankind in the doctrines of the resurrection must rest upon a frail foundation if a few crematory fires are going to destroy it all.

H. W. V., '88.

Societies.

Hahnemannian Society.

December 14, 1887.

THE meeting was called to order at 8 P. M., President Jewett in the chair.

Two new members presented themselves and were admitted, and one by proxy.

Paper by Mowbray, '88. Subject, "The Proving of Drugs."

Music by Glee Club.

Paper by Kastendieck, '88. Subject, "Diagnosis."

Instrumental duet by Iler, '90, and a visiting friend, Prof. Hardy.

Paper by Honan, '89.

Remarks by Hinman.

Remarks by Low, on the paper of Mowbray, relative to the proving of drugs and the arrangement of our Materia Medica.

Remarks by Woodruff on the necessity for every Homœopath to be able to give a logical reason for the faith that dwells within him.

Remarks by Honan and Kastendieck.

Remarks by Prof. W. Storm White on the paper presented by Kastendieck, followed by Jackson and Kastendieck.

Solo, by Wiggins. Pianist, E. S. Smith.

Former quiz masters re-elected.

Instrumental duet by Wakeley, '88.

COMMITTEE REPORTS.

Library, Kastendieck. Motion carried that the following be added to the by-laws of the society :

LIBRARY COMMITTEE APPOINTMENTS.

§1. The President shall appoint a library committee which shall consist of three members from each of the three classes, to act while in attendance at College.

VACANCIES.

§2. To fill vacancies occurring through graduation, the President shall appoint members from the incoming Junior Class. Vacancies through resignation or other cause, shall be filled by like appointment from the class to which the retiring member or members belonged.

J. T. KASTENDIECK,

In behalf of the Library Committee.

Report of Treasurer read and accepted.

E. S. Smith gave notice that at the next meeting he would introduce a motion relating to the abolishment of the diplomas formerly given by this society.

A motion carried that the by-laws be suspended, and that the members of the Senior

Class, who are members of the society, elect the man to give the send-off at the coming Commencement.

Appointment of committees as follows :

Committee of Arrangement : E. S. Smith ; J. M. Woodruff, President, *ex-officio*.

Committee of Diplomas : F. W. Hamlin ; J. B. Campbell ; F. M. Cummins.

Committee of Printing : W. H. Haviland ; W. A. Wakeley ; E. K. Parker.

Committee of Music : C. N. Platt ; T. C. Wiggins ; E. M. Hatch.

Committee on Professor Helmuth's Lecture : A. A. Hoag ; J. C. Jackson ; D. W. H. McGraw. Music by Professor Hardy.

A vote of thanks to all who had contributed to the evening's entertainment.

Roll call.

Adjournment.

A. A. HOAG, Secretary.

Our Alma Mater.

SHE is now *our* Alma Mater,
But when once our new one fair,
Is erected and completed,
And we've left the tender care
Of this old Ophthalmic Building,
With its name-scored penciled walls,
Only wise ophthalmic students
Will be seen about her halls.

Then no more the noisy hubbub
Of the "rush" or cushion fight,
Greets the stranger as he enters,
Filling him with dread and fright.
Nowhere can we see the students,
As we often did of yore,
Killing time between the lectures,
Dealing round for "just one more."

We, perhaps, may be forgotten,
But the thoughts which always last
Come to us like distant murmurs,
Echoes from the misty past.
Mem'ries of the men who taught us
What we know of medic lore ;
Helmuth, Allen, Dowling, Talcott,
Doughty, and some thirty more.

Mem'ries of the many lectures
Noted, listened to and read ;
Mem'ries of the many quizzes
Which would leave us nearly dead ;
Mem'ries of the lofty stairway,

We, as Freshmen, madly climb,
But as grave and reverend Seniors,
Diagnose, and take our time.

As the waves of old "Cayuga"—
On some moonlit summer's night—
Stirred by breezes, murmur softly,
Filling us with sad delight—
So these waves of recollection,
Murmuring ever soft and low,
Mingle thoughts both glad and painful,
Mem'ries of the long ago.

Though her children may be scattered
Everywhere throughout the world,
Where the Homœopathic banner
Finds its way and is unfurled,
Though our lives be full of labor,
Growing harder day by day,
Yet will our good mother's teachings
Ever help us on our way.

It would seem that somewhere, somehow
In that unknown, unseen heart,
She—our ever-watchful mother—
Cherishes and keeps apart,
Echoes of familiar footsteps,
Sounds of voices long since stilled ;
Mem'ries of the many faces
Which in time her halls have filled.

She alone knows all that passes
Through each student's heart and mind ;
All the bitter disappointments,
All the joys left far behind,
All the broken resolutions,
All the strivings for the right,
All the hopes and aspirations,
In that long and weary fight.

We in turn cannot forget her,
Though our futures may be fraught
With the dangers, toil and sorrows
Of those lessons dearly bought ;
Though our lives be bright and careless,
Yet we'll bow with reverence due,
And *love* our *old* Alma Mater,
While we take pride in the new.

W. A. W.

Library Notes.

DR. ALLEN has recently promised a fine pathological chart, life-size, which will soon appear in the reading-room.

THE Library Committee recently made a purchase of books, which formed part of the library

of the late Dr. Charles E. Davis, by which a valuable addition to the library was obtained at about a third of its value.

THE Committee would thank Mills and Pool, '89, for *Havard Lampoon* and *Tid Bits*, which they weekly place upon the table in the reading room.

A NUMBER of books, of which we have duplicates, are for sale. They may be seen by applying to the Librarian or one of the Committee.

College Notes.

FOSTER! Come down and take a front seat where you belong.

DANIEL LUCE, '89, was married at Coopers-town, New York, during the holidays.

MIDDLEMEN should make a point of hearing all Senior lectures; it may stand them in hand next year.

PROFESSOR J. T. O'CONNOR began his lectures on Electro-Therapeutics on Monday the 9th inst. A full attendance greeted the Professor upon his entrance into the Lecture-Room.

THE students are very glad to learn that the diagnosis rendered by Dr. Helmuth in the unique case of Mr. Banfill, was a correct one, having been verified by a post-mortem examination. Great credit is due Dr. Helmuth, as the case was extremely difficult to diagnose.

MR. C. N. PLATT will take a limited number of vocal pupils for the remainder of the college term. Mr. Platt is a pupil of Prof. Bristol and baritone soloist in one of the leading churches of this city, and has met with success as a teacher of vocal music. Terms, \$2 per half-hour lessons.

WHENEVER you have an inquiry about electrical appliances for medicinal use, you will *never* go astray in commending those made by Jerome Kidder & Co. Every desirable feature of electrical methods of treatment are embraced in the varieties of instruments they manufacture. They have stood the *test of time*, of medical surveillance, of public observation, and to-day they

lead all others in merit and sale.—*Pharmaceutical Record*, Nov. 1, 1887.

THE business manager of THE CHIRONIAN has adopted a novel mode of calling the attention of the Faculty and students of this college to our advertisers. A conspicuous placard, bearing the names, goods and addresses of *all* our advertisers, has been placed in the upper hall, where no one can fail to see it. Being placed on the large Bulletin board, it attracts general attention.

As the firms thus posted, patronize us, we are sure that any of the boys who wish to purchase goods in the line advertised in our Journal, will call on those who help us before going anywhere else.

After the Second Bell.

UP the stairs he sneaks,
With winter shoe that squeaks,
The step beneath him creaks,—
Late to lectures.

He slowly ope's the door,
Which never creaked before,
But now it seems to roar,—
Late to lectures.

'Mid tramp of many feet,
He thinks it is but meet,
To reach his 'customed seat,—
Late to lectures.

On tiptoes all the while,
With faint and sickly smile,
He hies him down the aisle,—
Late to lectures.

Most hurriedly he trends
The passage 'twixt his friends,
Where obstruction now extends,—
Late to lectures.

And as he seeks his seat,
In time the boys will beat
To the motion of his feet,—
Late to lectures.

We'll do everything we can
To pronounce upon this man
A most unpropitious ban,—
When late to lectures.

(Medical Institute.)

MACDONALD, '88.